

FOOD ASSISTANCE DISQUALIFIED RECIPIENT REPORT

ES-524
Rev. 10-12

INSTRUCTIONS: Complete this form and return the original to the EBT Unit, RM 580, Docking State Office Building, 915 SW Harrison, Topeka, KS 66612-1505. Retain copy for the case file.

TYPE OF ACTIVITY (CHECK ONE) ☐ ADD ☐ CHANGE ☐ DELETE

1. NAME (Do not exceed maximum line length)

Last Name _____
First Name _____ Middle Initial _____

2. SOCIAL SECURITY NUMBER _____ **3. DATE OF BIRTH** _____
MO DAY YR

4. SEX ☐ Female ☐ Male **5. METHOD OF DISQUALIFICATION** ☐ ADH ☐ Court

6. KAECSSES CASE NUMBER _____

7. DISQUALIFICATION NUMBER

☐ 1 = First Disqualification ☐ 2 = Second Disqualification ☐ 3 = Third Disqualification

8. TYPE OF OFFENSE AND LENGTH OF DISQUALIFICATION

Type (check one)	Length (check one)
<input type="checkbox"/> A. Drug Trafficking Conviction < \$500 KEESM 11221.1(4)	<input type="checkbox"/> 24 Months <input type="checkbox"/> Permanent
<input type="checkbox"/> B. Trafficking Conviction (including drugs) > \$500 KEESM 11221.1(6)	<input type="checkbox"/> Permanent
<input type="checkbox"/> C. Firearms Trafficking Any Amount KEESM 11221.1(5)	<input type="checkbox"/> Permanent
<input type="checkbox"/> D. Trafficking (Administrative Disqualification Hearing) KEESM 11221.1(1,2 or 3)	<input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Permanent
<input type="checkbox"/> E. Duplicate Participation KEESM 11221.1(7)	<input type="checkbox"/> 10 Years
<input type="checkbox"/> F. Fraud (ADH, Court Conviction, Civil Judgment, Disqualification Consent Agreement or Waiver of Right to Administrative Disqualification Hearing) KEESM 11221.1(1,2 or 3)	<input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Permanent

9. DISQUALIFICATION DECISION DATE _____
MO DAY YR

10. DISQUALIFICATION START DATE _____
MO DAY YR

11. COUNTY WHERE CASE FILE IS LOCATED _____

12. REMARKS _____

PREPARED BY (Signature) _____ Phone _____ Date _____

